WEIRTON CHRISTIAN CENTER
P. O. Box 2045 117 Ivy Street
Weirton, WV 26062
304-748-2353
Find us on: facebook
PreSchool Program
Afterschool Program
Summer Program

4-YEAR-OLD PRESCHOOL REGISTRATION FORM 2026-2027

Child's Name_____Birthday_____

Any other Name you use for your child _____Age_____(by 7/1/26)

Home Address_____Phone_____

Ethnicity: Hispanic ☐ Non-Hispanic ☐ **Race:** White ☐ Black ☐ Multi-Race ☐ Asian ☐ Other ☐

Child's Clothing Size _____ Shoe size _____

Parent Marital Status: Married ☐ Separated ☐ Divorced ☐ Single ☐

PLEASE NOTIFY US IMMEDIATELY WITH ANY CHANGES TO CONTACT INFORMATION.

Father's Name_____Phone_____
Home Address_____
Employer_____Position_____
Business Address_____Bus.Phone_____
Hours of Employment_____

Mother's Name_____Phone_____
Home Address_____
Employer_____Position_____
Business Address_____Bus.Phone_____
Hours of Employment_____

Are you interested in other educational programs of the Weirton Christian Center? ☐ Yes. ☐ No

Special Interests_____

Parent signature_____

Parent E-mail_____

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HELPFUL HINTS FOR LEARNING

Child's Name_____Birthday_____

Please list any names and ages of any brothers and sisters your child may have.

Does Your Child Have Any Physical or Mental Health Problems That We Need to Be Aware of In Preschool?

What fears, if any, does child have?

_____

_____

Does child use toilet by himself/herself? Always ☐ Usually ☐ Sometimes ☐ Never ☐

Does child have nervous habits? Yes ☐ No ☐ If so, what?

Does your child have any allergies?

_____

_____

Special Instructions_____

_____

_____

What would you like to see your child learn this year? How would you like to see him/her grow, mature and develop? _____

_____

_____

What is a Favorite thing of your child's? _____

Please give a brief description: _____

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RELEASE STATEMENT

Child's Name _____may be released to his/her parents

Father _____or Mother_____

OR THESE INDIVIDUALS:

Name	Address	Phone	Relationship

I understand and agree that my child will not be released to anyone unless they are indicated on this sheet; or a handwritten note signed and dated by parent/guardian is presented to the school upon child's arrival on that day. The Pick-Up person must also have the Pick up Card with the child's name in their windshield at pick up time.

Signature_____ Date_____

++

PHOTO/SOCIAL MEDIA RELEASE

I give my permission to use any photos taken of my child in publicity or promotion for the Center, in newsletters, social media and on our website.

Yes_____ No_____

Parents Signature_____Date_____

++

MEDICAL RELEASE STATEMENT

Child's Physician/pediatrician_____

Address_____ Phone_____

Insurance Company covering Child_____

Policy Number _____Expiration Date_____

I hereby give my consent to WCC Staff or the nearest hospital to administer necessary treatment to my child, in the event of an emergency at which time I cannot be reached. I give consent to transport by WCC Staff or ambulance if the situation warrants it.

Parent Signature_____Date_____

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EMERGENCY INFORMATION CARD

Please PRINT
Student's Name_____
Last First Middle

Address_____Home Phone_____

Mother's Address _____Home Phone_____

Work Phone _____Cell Phone_____

Father's Address _____Home Phone_____

Work Phone _____Cell Phone_____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name_____

Address_____Phone_____

Name_____

Address_____Phone_____

*Date*_____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian_____

REMARKS below indicate any chronic condition or defect such as diabetes, rheumatic fever, and ANY ALLERGIES your child has.

_____

_____

Local Physician's Name_____

Address _____Office Phone_____

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WCC Food Allergy/Intolerance Information

Child's Name_____ Grade _____

Food Allergy
Parents – Please Initial:

_____My child has a food allergy. Please complete additional questions below.

_____My child does NOT have a food allergy.

Please indicate which food/s your child is allergic to. Check all that apply.

- ☐ Tree nuts
- ☐ Peanuts
- ☐ Dairy
- ☐ Other _____
- ☐ Wheat
- ☐ Eggs
- ☐ Gluten

Please indicate which method/s of contact cause a reaction. Check all that apply.

- ☐ Inhalation (air borne)
- ☐ Ingestion
- ☐ Touch

Please describe the severity of the reaction and how to best help your child if he/she is exposed. _____

_____

Is there any additional information I need to know about your child's allergy that you feel would be beneficial? _____

_____

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Food Intolerance

Parents – Please Initial:

_____My child has a food intolerance. Please complete additional questions below.

_____My child does NOT have a food intolerance.

Please indicate which food/s your child has a food intolerance to and what symptom/s he/she may exhibit.

_____

_____

_____

Please describe how to best help your child if he/she is exposed.

_____

_____

Is there any additional information I need to know about your child's intolerance that you feel would be beneficial? _____

_____

This statement is to verify that I have read/viewed each item in its entirety and have completed this form in regard to my child's food allergies/intolerances.

Print Parent/Guardian Name _____ Date _____

Parent/Guardian Signature_____